



A Public Service Agency

TRAFFIC VIOLATOR SCHOOL REPORTING FORM

FOR THE CALENDAR QUARTER OF (Months) _____, _____ and _____ 19 _____

FULL SCHOOL NAME

OWNER'S LICENSE NUMBER

JUDICIAL DISTRICT OF CLASSROOM LOCATION

CLASSROOM ADDRESS

SCHOOL BUSINESS ADDRESS WHERE SCHOOL RECORDS ARE KEPT

ENTIRE BUSINESS TELEPHONE NUMBER

()

NO. OF STUDENTS THIS QUARTER WHO COMPLETED COURSE AT THIS LOCATION

NO. OF CLASSES COMPLETED THIS QUARTER AT THIS LOCATION

NO. OF SCHEDULED CLASSES

Mail this form to:

TRAFFIC VIOLATOR SCHOOL UNIT
Department of Motor Vehicles
P. O. Box 825383 N229
Sacramento, CA 94232-5383

SIGNATURE OF OWNER/AUTHORIZED REPRESENTATIVE

X

DATE

